

# DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, RM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: RTEC  
 DDD#: 020716500  
 NAME: Wal-Mart #10-1863  
 R.P.: Mukul Garg, RPh.  
 ADDR: 33752 Vine St.  
Eastlake, OH 44095  
 CAT: 14 CLASS:  
 CNTY: 43

AREA CODE / TELEPHONE NUMBER: 440-269-8828 TIME IN: 10:15 P.M. TIME OUT: 12:15 P.M.  
 TYPE: RTEC FED. #: BW5397383 EXP. DATE: 5/31/16  
 HOURS OPEN: M-F 9-9 Sat 9-7 Sun 10-6  
 FAX NUMBER: 440-269-1275 EMAIL:

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
<u>Mukul Garg</u>		<u>03228469</u>	<u>Lori Milikello</u>		<u>20473</u>
<u>Christine Madden</u>		<u>21764</u>	<u>6 qualified techs</u>		
<u>Kelly Epper</u>		<u>17854</u>	<u>Wal-Mart Store</u>		<u>#01-1863</u>

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
20. IMPROPER Rx's
21. OUTDATED DRUGS
22. DRUG LABELS
23. Rx INFORMATION
24. OTC/SYRINGES
26. Rx FILES
27. Rx COPIES
28. Rx INT/DATE
29. DEA INVENTORY
30. PHONED C-II Rx
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

Full ☒ Partial ☐

1.) OSBP + DEA licenses current and posted  
 2.) OK  
 3.) Comexus software version 5.1.1. Six terminals handle data entry and patient profile searches. Dispensing software connected to all other Wal-Mart locations. Data backed up at corporate H.Q. Pharmacists complete a 4 point check for all new prescriptions - patient name, drug + strength, sig and prescriber DEA on controls. Visual verify checked on all RXs - new and refill. 4 point check and visual verify reports print daily and signed by RPh. DUR warnings must be resolved by RPh. Most

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE

DATE

SIGNATURE OF INSPECTOR

DATE

PHA-0670 (Rev.04/11) WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY







# DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, RM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:

DDD#: 020716500

NAME:

R.P.:

ADDR:

2 of 4

AREA CODE / TELEPHONE NUMBER

TIME IN

A.M.

P.M.

TIME OUT

A.M.

P.M.

TYPE

FED. #

EXP. DATE

HOURS  
OPEN

FAX NUMBER

EMAIL

CAT:

CLASS:

CNTY:

OHIO PHARMACY BOARD

PERSONNEL

INIT.  
USEDTITLE/  
I.D. NO.

PERSONNEL

INIT.  
USEDTITLE/  
I.D. NO.

OCT 15 2013

File ☐ R. Collins  
Copy to:

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
20. IMPROPER Rx's
21. OUTDATED DRUGS
22. DRUG LABELS
23. Rx INFORMATION
24. OTC/SYRINGES
26. Rx FILES
27. Rx COPIES
28. Rx INT/DATE
29. DEA INVENTORY
30. PHONED C-II Rx
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

Full ☐ Partial ☐

severe warnings require RPh. to document how issue was resolved.

4.) Fully enclosed barricade with electronic alarm backup. Barricade inspection report completed.

5.) OK

6.) Electronic alarm backs up physical barricade. All RPhs have own codes. Floater RPh. must get code prior to working at the store.

7.) RPh can access OSBP website and Ohio drug laws and rules.

8.) OK

9.) 3 mini refrigerators

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE

DATE

SIGNATURE OF INSPECTOR

DATE

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY







# DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, RM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 020716500 NAME: R.P.: ADDR:  CAT: CNTY:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">AREA CODE / TELEPHONE NUMBER</td> <td style="width: 10%;">TIME IN</td> <td style="width: 10%;">A.M.</td> <td style="width: 10%;">TIME OUT</td> <td style="width: 10%;">A.M.</td> </tr> <tr> <td></td> <td></td> <td>P.M.</td> <td></td> <td>P.M.</td> </tr> <tr> <td colspan="2">TYPE</td> <td colspan="2">FED. #</td> <td>EXP. DATE</td> </tr> <tr> <td colspan="5">HOURS OPEN</td> </tr> <tr> <td colspan="2">FAX NUMBER</td> <td colspan="3">EMAIL</td> </tr> </table>	AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.			P.M.		P.M.	TYPE		FED. #		EXP. DATE	HOURS OPEN					FAX NUMBER		EMAIL		
AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.																						
		P.M.		P.M.																						
TYPE		FED. #		EXP. DATE																						
HOURS OPEN																										
FAX NUMBER		EMAIL																								

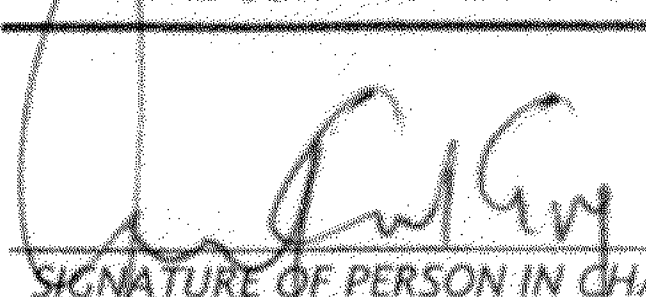

PERSONNEL	INIT. USED	TITLE / I.D. NO.	PERSONNEL	INIT. USED	TITLE / I.D. NO.

<ol style="list-style-type: none"> <li>1. LICENSING</li> <li>2. I.D. CARDS</li> <li>3. RECORD SYSTEM</li> <li>4. BARRICADE</li> <li>5. MIN. STANDARDS</li> <li>6. SECURITY</li> <li>7. LIBRARY</li> <li>8. CLEANLINESS</li> <li>9. REFRIGERATION</li> <li>10. ACCOUNTABILITY</li> <li>11. IMPROPER DISPENSING</li> <li>12. INSUFFICIENT SUPERVISION</li> <li>13. INVENTORY RECORDS</li> <li>14. DRUG DESTRUCTION</li> <li>15. ILLEGAL SALES</li> <li>16. ILLEGAL PURCHASES</li> <li>17. SAMPLES</li> <li>20. IMPROPER Rx's</li> <li>21. OUTDATED DRUGS</li> <li>22. DRUG LABELS</li> <li>23. Rx INFORMATION</li> <li>24. OTC/SYRINGES</li> <li>26. Rx FILES</li> <li>27. Rx COPIES</li> <li>28. Rx INT/DATE</li> <li>29. DEA INVENTORY</li> <li>30. PHONED C-II Rx</li> <li>31. REFILLS-6MO/5X</li> <li>32. REFILLS-INT/DATE</li> <li>33. REFILLS-UA</li> <li>37. COUNSELING</li> <li>38. PSE SALES</li> <li>39. OARRS</li> <li>40. CONFIDENTIALITY</li> </ol>	<p>10.) DEA 222 forms completed + issued by corporate HQ. McKesson and Wal-Mart warehouse used for C-II ordering. Forms properly executed upon receiving order.</p> <p>21.) Last biennial inventory completed 4/30/12 by RPh. Garg at business close.</p> <p>13.) C-II perpetual inventory log book maintained. inventory conducted monthly.</p> <p>21.) Spot check of shelves - no outdates found.</p> <p>23.) C-II files checked. RXs properly contain full patient name + residential address, prescriber DEA # quantity in alpha + numeric format. CII-U files checked - phone in RXs properly document</p>
--	---

Full ☐ Partial ☐

☐ PINK SHEET ISSUED FOR NUMBER(S): \_\_\_\_\_

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

 SIGNATURE OF PERSON IN CHARGE	10/8/13 DATE	 SIGNATURE OF INSPECTOR	10/8/13 DATE
--	-----------------	---	-----------------

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY







# DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY: 77 SOUTH HIGH STREET, RM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:

DDD#: 020716500

NAME:

R.P.:

ADDR:

4 of 4

AREA CODE / TELEPHONE NUMBER

TIME IN

A.M.

TIME OUT

A.M.

P.M.

P.M.

TYPE

FED. #

EXP. DATE

HOURS  
OPEN

FAX NUMBER

EMAIL

CAT:

CLASS:

CNTY:

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
20. IMPROPER RX'S
21. OUTDATED DRUGS
22. DRUG LABELS
23. RX INFORMATION
24. OTC/SYRINGES
26. RX FILES
27. RX COPIES
28. RX INT/DATE
29. DEA INVENTORY
30. PHONED C-II Rx
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

Full ☐ Partial ☐

agent full name. Fax orders contain proper wet ink signature.

26.) 3 part filing system.

28.) Hard copy RX's properly initialed/dated by dispensing RPh.

32.) Daily visual verification report reviewed and signed by RPh to show positive ID on refill RX's dispensed.

37.) Offer to counsel maintained on sticker log.

39.) All RPh's signed up for OARRS. RPh Gary was observed using OARRS during inspection.

No wholesale sales.

Rx processed today approx 400 RX/day

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE

DATE

SIGNATURE OF INSPECTOR

DATE

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY







## OHIO STATE BOARD OF PHARMACY

**PRESCRIPTION ROOM BARRICADE INSPECTION REPORT**

(O.A.C. RULE 4729-9-11 REQUIREMENTS)

DATE: <u>10/2/2013</u>	T.D.D.D. #: <u>020716500</u>
BOARD AGENT: <u>Edwards</u>	D.E.A. #: <u>BW5397383</u>

YES NO (Place an X on the appropriate line for each statement below)

**LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:**

- ☒ ☐ Key in sealed envelope in safe.
- ☒ ☐ All items requiring R.Ph. supervision are inside barricade.
- ☒ ☐ Prescription department may not be entered when barricade is in use.

**PHYSICAL BARRICADE:**

- ☒ ☐ Minimum of seven (7) feet in height.
- ☒ ☐ Fully enclosed.
- ☒ ☐ Suitable locks are provided.
- ☒ ☐ Prescription department cannot be entered when locked without obvious damage to barricade.
- ☒ ☐ No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

**ELECTRONICS:**

- ☒ ☐ This is a company-owned system.  
If no, leased from who? \_\_\_\_\_
- ☒ ☐ This is a ☒ HARDWIRE / ☐ WIRELESS / ☐ BOTH system. (check one)
- ☐ ☒ There is a functional emergency "hold up" button.
- ☒ ☐ System is in operation at all times when R.Ph. is not present.
- ☒ ☐ Items in prescription room may not be removed when system is operating without activating the alarm.  
If yes, where does alarm sound or who does it alert?  
Audible alarm + RPh called
- ☒ ☐ Only pharmacists possess access code to prescription room.
- ☐ ☒ System was tested this date. Date system was last tested? 6/2013
- ☐ ☒ Slot is provided for drop-in prescriptions.
- ☒ ☐ Suitable notice of operating hours to public is posted.
- ☐ ☐ Notice of emergency service is posted.



## OHIO STATE BOARD OF PHARMACY

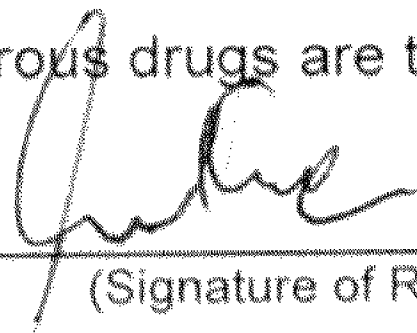
**PRESCRIPTION ROOM BARRICADE INSPECTION REPORT**

(Page Two)

**R.Ph./OWNER STATEMENT OF UNDERSTANDING:**

I have been informed of and understand the following requirements:

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.



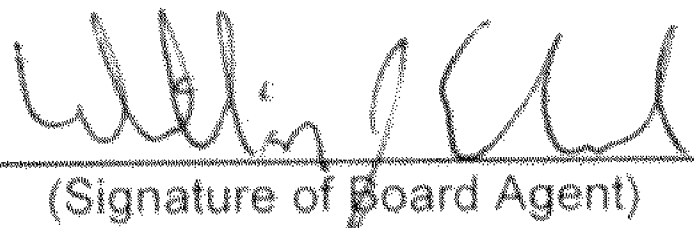
(Signature of R.Ph./Owner)

10/8/13 12:02 PM

(Date and Time of Signature)

**BARRICADE APPROVAL:**

I find this barricade to comply with all requirements of Ohio Administrative Code Rule 4729-9-11:



(Signature of Board Agent)

Agent

(Title)

**Comments:**

Fully enclosed barricade with electronic alarm back up. New pharmacy opened 6/2013 - alarm tested that date. Floor to ceiling gate along front of pharmacy, 2 roll down steel gates at drop off area, key lock steel entry door.

Barricade Approved

Wal-Mart Store #01-1863  
33752 Vine St.  
Eastlake, OH 44095